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May 10, 2006

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D. *PC*
Director and Chief Medical Officer

Jonathan E. Fielding, M.D., M.P.H. *Jonathan E. Fielding, M.D., M.P.H.*
Director of Public Health and Health Officer

SUBJECT: BIOTERRORISM PROGRAM REVIEW

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This is to provide you with the site visit summary from a distinguished panel of national experts who recently visited Los Angeles to review our Bioterrorism Preparedness and Response Program. The panel included: Jerome Hauer, previous HHS Acting Assistant Secretary for the Office of Public Health Emergency Preparedness, Drs. Shelley Hearne and Jeffrey Levi from the Trust for America's Health and Dr. Nichole Lurie from RAND (Attachment I).

Having feedback regarding our program from these individuals who have worked extensively in the field of emergency preparedness and worked with public health agencies at national, state and local levels has been beneficial for our program. Their review focused on ten aspects of our preparedness efforts (Attachment II). We will be incorporating many of their suggestions in our program planning and implementation.

If you have any questions regarding this review or would like additional comments, please let us know.

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c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors



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About the Panel

Jerome M. Hauer is the Chief Executive Officer of the Hauer Group. The Hauer Group provides consulting services in the areas of homeland security, public health and medical response to disasters. Previously Mr. Hauer was appointed the first Director of the Response to Emergencies and Disasters Institute (READI) at The George Washington University and was named the first Acting Assistant Secretary for the Office of Public Health Emergency Preparedness in 2002 by Department of Health and Human Services (HHS) Secretary Tommy G. Thompson. Before his appointment as Acting Assistant Secretary Mr. Hauer had served as Director of the Office of Public Health Preparedness. Mr. Hauer also served as senior advisor to the Secretary for National Security and Emergency Management during the events of September 11, 2001, and the nation's anthrax crisis. Before coming to HHS, Mr. Hauer was the first Director of the Mayor's Office of Emergency Management (OEM) for New York City.

Shelley Hearne, Dr.P.H. is a Visiting Scholar at the Johns Hopkins University Bloomberg School of Public Health and Founding Executive Director of Trust for America's Health, a non-profit, non-partisan organization focusing on making disease prevention a national priority. Under Dr. Hearne's leadership the Trust published *Ready or Not? Protecting the Public's Health in the Age of Bioterrorism 2005*, the third annual edition of a comprehensive report, examining public health and emergency healthcare's ability to respond to a major health emergency.

Jeffrey Levi, Ph.D., is Executive Director of the Trust for America's Health. Dr. Levi is also an Associate Professor in The George Washington University's Department of Health Policy, focusing research efforts on issues related to HIV/AIDS, Medicaid, and ways to better integrate public health with the healthcare delivery system. In the past few decades, Dr. Levi has worked on behalf of our nation's health in a number of prominent positions. He has served as an associate editor of the American Journal of Public Health, Deputy Director of the White House Office of National AIDS Policy, and held government affairs and program development roles with the AIDS Action Council/AIDS Action Foundation and the National Gay and Lesbian Task Force.

Nicole Lurie, M.D., M.S.P.H. is senior natural scientist and Paul O'Neil Alcoa Professor of Policy Analysis at RAND. She is also Associate Director for Public Health at the RAND Center for Domestic and International Health Security where she has been working on issues of public health preparedness for bioterrorism and other emergencies. Prior to joining RAND in early 2002, she had a long affiliation with the University of Minnesota where she was Professor of Medicine and Public Health, and most recently, Medical Advisor to the Commissioner at the Minnesota Department of Health. From 1998-2001 she served as Principal Deputy Assistant Secretary of Health in the U.S. Department of Health and Human Services.

To: Jonathan Fielding, Director of Public Health and Health Officer

From: Jerry Hauer, Chief Executive Officer, The Hauer Group
Shelley Hearne, DrPH, Visiting Scholar, Johns Hopkins Bloomberg School of Public Health; Founding Executive Director, Trust for America's Health
Jeff Levi, PhD, Executive Director, Trust for America's Health
Nicole Lurie, MD, M.S.P.H., Senior Natural Scientist and
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Date: April, 2006

RE: **Summary Comments on the Los Angeles County Public Health (LACPH) All-Hazards Emergency Response Plan Based on Site Visits and Plan Reviews**

Under confidentiality agreements for County security purposes, each of the above national preparedness experts has independently visited and reviewed the LACPH emergency response plan. This memo reflects consensus findings and comments.

Overall, we were collectively impressed with the cooperation, candidness and professional environment of the LAC Bioterrorism Preparedness and Response teams. Of all the designated cities, Los Angeles County offers the greatest geographic, demographic and political obstacles by covering the city and 87 other small and medium sized local governments. The LACPH Director, senior management and staff have made considerable progress since 2001 and are to be applauded for a strong and solid preparedness effort.

In specific, we have assessed the LACPH efforts in the ten following core components of an all-hazards response: 1) leadership; 2) disease surveillance; 3) communication with response partners; 4) communication with the public; 5) laboratory capacity; 6) workforce capacity; 7) Workforce training; 8) Strategic National Stockpile; 9) information management; and 10) planning, exercise and evaluation procedures. The details are below.

1) Leadership

LACPH has a long standing reputation for one of the top local public health agencies in the country due in great part to the tenure, tenacity and technical competence of its Director, Dr. Fielding. Unlike many other jurisdictions that have suffered from high turnover and "burn-out," LACPH senior management team was a cohesive group that understood the challenges posed by a natural or man made infectious disease incident and was forthright with the shortcomings of their current program. Three issues that pose potential challenges in continued effective oversight:

i) LA County government bureaucracy has posed an obstacle for timely and appropriate hiring, expenditures and oversight;

ii) Political leadership that has supported preparedness as a top priority from a policy perspective but not always assured that the processes available to plan and implement essential activities in a time sensitive manner are available to the program; and

iii) An organizational structure that does not always have clear lines of authority and oversight of preparedness-supported staff.

LACPH has put time and effort into establishing an incident command system to ensure that a chain of command exists during an emergency. LACPH has made progress in this area, including identifying and equipping an EOC, and practicing ICS when they are in response mode with partners. LACPH functioned in ICS mode during the flu vaccine shortage in 2004-5 and during Hurricane Katrina, in anticipation of large numbers of evacuees. Some health departments have elected to function in ICS-mode for all functions though LACPH has not chosen to implement this approach in other public health functions, nor practice it with non-emergency events.

2) Disease Surveillance

This has traditionally been, and remains a strong component of the LACPH. LACPH has had multiple overlapping surveillance systems in place, and is appropriately scaling back on the use of some of them to ensure greater efficiency. More than most health departments, LA is now aggressively pushing to have a HAN notification system for front line clinicians that could also serve an active surveillance role. The target is 70% by the end of this year.

LACPH has implemented a surveillance system in 16 hospital emergency departments where they do syndromic surveillance and data mining. While this reflects the national BioSense strategy, CDC should evaluate the effectiveness of syndromic surveillance expenditures versus allowing LAC greater funding support to conduct outreach and training of healthcare providers and improve direct links to the public health agency.

3) Communication with Response Partners

Communication with other first responders has significantly improved in LA due to their all-hazards approach, new partnerships and substantial investments in communication capabilities, including partner-interoperable satellite phones, personal communication devices and radios. The communications and notification systems are tested monthly.

4) Communication with the Public

LACPH has undertaken a significant social marketing campaign, aimed to raise awareness of both LACPH and the public's role in preparedness. This is a positive and noteworthy development. Previously, there was little baseline information about the level of public awareness around preparedness, nor was there knowledge of the population's readiness to shelter in place for up to 3 days, consistent with earthquake recommendations. LA Health Survey data indicate that awareness and emergency preparedness activities have increased significantly among Los Angeles residents.

One area of disappointment was the uneven progress in developing communications plans (or involving in preparedness activity) for Los Angeles' minority and non-English speaking populations. Many of the basic pre-prepared communications are in English and Spanish. Further the family emergency communication plan was implemented both via print and electronic communications in 12 languages. However, the preparedness to address language and culture issues either in written and web based materials, in media communication plans,

and in outreach to community leaders who could serve as trusted messengers in an emergency needs further development. For example, prepared message templates for Category A agents are still all in English. Staff indicated that even for routine translation needs, such as for the TB program, requests for vendors have not been processed after many months. Currently, LACPH relies on some of the CBOs for translation services. It is not clear that those services would function in an emergency situation. With pandemic preparedness, staff has recognized this gap and is working on strategies to better serve an array of vulnerable populations. LACPH has determined that about 50% of the population has internet access, and has used that information to determine that the internet would be a major source of information in an emergency.

5) Laboratory Capacity

The LACPH is the reference lab for the county, and is equipped and able to perform testing, QA/QC for biological agents. Chemical terrorism agents are also coming on line. Two important concerns related to laboratory capacity surfaced during the different visits:

- i) Laboratories have been plagued by reagent and equipment purchasing delays due to county bureaucracy, thereby inhibiting readiness. While this issue is receiving active attention, LACPH is somewhat at the mercy of contracting and procurement process at the county that does not serve them in an efficient or timely manner;
- ii) Difficulty recruiting and retaining qualified and licensed laboratory personnel. A particularly difficult issue is that many staff are not licensed to analyze environmental samples because of state licensing laws. LACPH would be dependent on local laboratories for significant surge capacity, but functioning will be dependent on having appropriate equipment and supplies.

One approach for enhancing surge would be to prioritize plans for expanding the number of hospitals participating in the LRN.

6) Workforce Capacity

Continued attention is needed to ensure personnel supported through preparedness funding recognize preparedness as their primary duty.

LACPH has also collected data on how many/what kinds of staff are planning to or are eligible to retire. Like many other health departments, LACPH has significant problems with hiring staff because of county job classification and hiring practices and County processes need to be improved to accommodate high priority workforce needs in emergency preparedness.

7) Workforce Training

A standout component of LACPH response efforts has been the highly innovative and comprehensive training program for all employees, including the professional and management staff. Training and planning are two key components to ensuring a response equal to any threat or emergency. While the pre-post surveys of course participants are encouraging, it will take longer to understand the true effectiveness of these programs. Another highlight, due to the anticipated need for epidemiologic surge capacity, STD and HIV/ AIDS program staffs are being cross-trained in those aspects of emergency response.

LACPH has also made unusually robust efforts to provide leadership training within the department. Similarly, they have developed an emerging leaders program both to further that training and as a way of providing succession planning as more senior staff retire. LACPH is continuing to work on disaster education and training, including just in time training, in partnership with the UCLA Center for Public Health Preparedness.

8) Strategic National Stockpile

SNS capacity to store and distribute essential medicines and equipment has improved significantly in recent years. 200 PODs have been identified, and various aspects of receipt and distribution of the SNS have been exercised, and procedures have been modified as a result of the exercises. LACPH has calculated that it will need 60,000 volunteers to mass vaccinate a population in a short time frame. Every jurisdiction is struggling with the volunteer populations needed for a mass prophylaxis event. While it is clear that progress is being made, staff feels acutely that secure information sharing is a particularly challenging issue, and that there are still procedural and legal issues to overcome. For example, whether vaccination would be administered in a paperless system is an unresolved issue.

9) Information Management

One of the most critical components in an effective public health agency is a unified information technology platform. With the lack of federal leadership in this arena, LACPH has embarked on a challenging but vital effort to build an independent IT systems platform. LACPH has suffered several setbacks in the development of its IT infrastructure that are well out of its control, such as delays in processing requested procurement requests and in the implementation of the learning management system. But this has not delayed establishing a secure communications portal and a registry for its partners. In addition, it is currently building GIS capability.

10) Planning, exercise and evaluation procedures

LACPH has done extensive planning and exercising of components of its plan, which is appropriately designed for all hazards approach. The document contains 6 annexes and the pandemic preparedness efforts are in development. Putting this together and exercising it has likely tested and strengthened the matrix organization within the health department itself. In the site visit, however, it was difficult to assess just how robust relationships with key partners are, but the sense of participants is that they are reasonably strong. Participants in the session reported that with each new exercise they discover and involve new partners.

As DHS and its Target List Capabilities evolve, it will be important for CDC and Department of Homeland Security (DHS) to coordinate their funding, guidance and performance measures. In the interim, LACPH should establish a stronger relationship with DHS, which is currently only at the secretary to secretary level.